

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1962 366

-62-009684

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. Registrar's No. 24

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 1101

2 1101

3

4 0

5 1

6

7 0

8 0

9 334X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Potosi</b>		c. CITY OR TOWN <b>Potosi</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>616 Raymond St.</b>		d. STREET ADDRESS <b>616 Raymond St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Joseph Samuel Higgins sr.</b>		4. DATE OF DEATH Month Day Year <b>March 10 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/13/79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jig Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tiff Mill</b>	11. BIRTHPLACE (City and state or country) <b>Potosi, Missouri</b>
13a. FATHER'S NAME <b>John Roger Higgins</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Walker</b>	14. NAME OF HUSBAND OR WIFE <b>Annie</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Mrs. Annie Higgins, Potosi, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apoplexy</b> DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>yes</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Jan. 2-1962</b> to <b>3-10-1962</b> and last saw him alive on <b>Feb. 28-1962</b> . Death occurred at <b>7 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joseph L. Thorman, M.D.</b>		22b. ADDRESS <b>Potosi, Mo.</b>	22c. DATE SIGNED <b>3-12-1962</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/12/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. James</b>	23d. LOCATION (City, town, or county) (State) <b>Potosi, Missouri</b>
24. FUNERAL DIRECTOR <b>Gum &amp; Son</b>		25. DATE RECD. BY LOCAL REG. <b>3/10/62</b>	26. REGISTRAR'S SIGNATURE <b>Helen Kendall</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William H. Gurn*

Licensed Embalmer No.

*5-155*

P. O. Address

*Potosi Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.